M0900001809

•	
(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
DESCRIBE DAMES DAME	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
÷	

Office Use Only



800261364678

06/23/14--01006--021 **60.00

COVER LETTER

	gistration S vision of Co				
SUBJECT:	SJS HOLDINGS I, LLC				
oobsec		(Name of Fore	eign Limited Liability	Company)	
Dear Sir or I	Madam:				
The enclosed	d withdraw	al and fee(s) are submitted	I for filing.		
Please return	ı all corres	oondence concerning this	matter to the following	;:	
MICHAE	L SHER	RY			
		(Name of Person)		-	
SHERRY	/ & SON	S INC.			
		(Firm/Company)		-	
11 BALIN	NT DRIV	E ·			
		(Address)		-	
YONKER	RS, NY 1	0710			
		(City/State and Zip Code	e)	-	
For further i	nformation	concerning this matter, pl	lease call:		
MICHAE	L SHER	RY	914 at (793-1793 X22	
	(Nam	e of Person)		2 Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is	a check fo	r the following amount:			
□ \$25 Filing	g Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy		

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SJS HOLDINGS I, LLC	
(Name of limited liability company)	
DELAWARE	
(Jurisdiction of its organization)	
5/13/2009	
(Date registered with Florida Department of State)	
M0900001809	
(Florida Document Number)	
his limited liability company is withdrawing its certificate of authority in this state.	
mu sm	
(Signature of authorized representative)	
MICHAEL SHERRY	
(Typed or printed name of signee)	

Filing Fee: \$25.00